## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000006098

VICKI & JERRY KOOTA, P.A.

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90096 001 \*\*\*150.00



ii									
Principal Place of Business Mailing Address									Á
1637 NW 100TH DRIVE 1637 NW 100TH DRIVE									
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071									
							DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified 01/24/1995	
2. Principal Place of Business 2a. Mailing A				address				4. FEI Number Applied For	$\dashv$
<del>_</del> _			2a. Mailing Address					65-0561629 Not Applicable	ie.
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75 Additional	┪
22		27	27					5. Certificate of Status Desired Fee Required	
City & State		City & State				<u> </u>		6. Election Campaign Financing 55.00 May Be	$\neg$
23		28						Trust Fund Contribution Added to Fees	
Zip Country			Zip Country					g. This corporation owes the current year Intangible	
24 25			29 30					Personal Property Tax.	
Name and Address of Current Registered Agent						1		10. Name and Address of New Registered Agent	
CADMED DAMES D				81	Nam	e		ļ	
FARMER, DANIEL R					82 Street Address			ess (P.O. Box Number is Not Acceptable)	$\neg$
1933 PEMBROKE RD HOLLYWOOD FL 33020						<u> </u>			
nou	144000 FE 22050				83	}			
					84	City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,					the abov	e-name	ed corpo	oration submits this statement for the purpose of changing its registered	$\dashv$
office or registered agent, or both, in the State of Florida. Such change was authorized						the co	poration	on's board of directors. I hereby accept the appointment as registered	i.
office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								2/15/60	j
SIGNATURE					distanced Agen	nt signatur	n required t	d when reinstating) DATE	- 1
12.	OFFICERS AN				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		□ DE	LETE	1.1 TITLE	_		☐ Change ☐ Addit	ion
NAME	KOOTA, VICKI				1.2 NAME				ĺ
STREET ADDRESS	1637 NW 100TH DRIVE				1.3 STREE	T ADDRES	is		
CITY-ST-ZIP	CORAL SPRINGS FL 33071				1.4 CITY-S	T-ZIP			
TITLE	VD		□ DE	LETE	2.1 TITLE		7	☐ Change ☐ Addit	ion
NAME	KOOTA, JERRY				2.2 NAME		-		}
STREET ADDRESS	1637 NW 100TH DRIVE				2.3 STREE	TADORES	s		
CITY-ST-ZIP	CORAL SPRINGS FL 33071				2. 4 CITY-5	ST-ZIP			
TITLE '*			- ⊡·DE	LETE	3.1 TITLE	-		Change Additi	on )
NAME					3.2 NAME		1		
STREET ADDRESS					3.3 STREE	T ADDRES	is		
CITY-ST-ZIP					3.4. C/TY-5	ST-ZIP			_
πιτΕ			□ DE	LETE	4.9 TITLE			☐ Change ☐ Addit	ion
NAME					4. 2 NAME		1		Ì
STREET ADDRESS					4.3 STREE	T ADDRES	s		
CITY-ST-ZIP		<u> </u>			4.4 CITY-S	T-ZIP	<u> </u>		,_
πιLE			☐ DE	LETE	5.1 TITLE			☐ Change ☐ Addit	ion
NAME					5.2 NAME		İ		
STREET ADDRESS					5.3 STREE		S		
CITY-ST-ZIP					5.4 CITY-S	T-ZIP	4—		
TITLE			□ DE	LETE	6.1 TITLE		-	☐ Change ☐ Addit	JUIT
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREE		S (		
CITY-ST-ZIP					6.4 CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: